MEASURING THE PSYCHOSOCIAL WORK ENVIRONMENT OF THE CONGOLESE NURSES ON JOB SATISFACTION AND BURNOUT WITH WORK-FAMILY CONFLICT AS A MEDIATOR

SYNOPSIS

Introduction

The work-family interface (WFI) is the most talked about subject in the organization with reference to the workforce participation. It represents the interrelationships between work and family that are two vital aspects of an employee's life cycle. Further, there are two sides to the interactions between the two domains: a positive spill-over and a negative spill-over. In this, as one role demands (work/family) is intrusive into the other role (family/work), it results in poor performances in that domain (Edwards & Rothbard, 2000). Such incompatibility causes harm to both the domains and results in poor performance and is known as work-family conflict (WFC). Similarly, when one role (work/family) improves the performance of the other domain (family/work), it results in an effective output and is known as work-family facilitation (WFF). There is a constant interdependence between work and family, empirically established (Tsionou & Konstantopoulos, 2015). Two important dimensions that emerge in WFI on the basis of a large number of studies across the globe are work-family conflict and work-family facilitation. Work-family conflict is a highly discussed construct than the work-family facilitation. Facilitation is a positive factor and a meaningful way of participation between the work and family whereas; conflict is a negative and non-performing factor adversely affecting organizational performance and family functioning.

Work-family conflict manifests in the work environment and results in high performance impairments among the employees. Organizational work environment is a very critical feature of the organization. It is the mid-level structure of the organization on which the organizational growth and success depends. Work environment acts as a psychological and a social influence among the workforce. Hence, the psychosocial work environment plays a dominating role in organization. Healthy work environment results in high participation, positive attitude, job satisfaction and high performance among employees. Deprived from the healthy psychosocial work environment results in absenteeism, turnover intentions, reduced job satisfaction, burnout, anxiety, negative attitude, and migration like consequences among employees at work. Work and family constructs are also considered the linking mechanism that manifests as spillover, compensation, segmentation, resource drain, and congruence, other than work-family conflict (Edwards & Rothbard, 2000). Cross-domain processes such as resource drain and negative spillover are involved in WFC that negatively contribute to the poor performances because of limited time and energy (Voydanoff, 2004). Studies had initially focused on the gender role in the work and family context, and it remains yet very significant. However, the findings in all gender-based studies have been inconclusive so far. Studies in the employees' managerial and professional positions did not show any gender variation concerning the WFC (Powell et al., 2010; Agarwala et al., 2014). It is reflected in a study on teachers that the WFC is more significant than the FWC and the impact is greater on women than on the men (Amstad et al., 2011; Erdamer et al., 2014).

The psychosocial work environment is a critical feature that effectively determines the employees' functioning in the workplace. The organization's role is crucial for defining and structuring the work environment in such a way as to ensure better health and growth of the employees who work there. A healthy work environment is critical for controlling the WFC in an organization. Since the social factors impact the psychological characteristics, the work outcomes make up the productive work environment.

Healthcare sector is a very crucial area of work organization that heavily depends on the services offered to the sick and the dying. It is essentially a prime work set up that thrives upon the workforce devotion and dedication to the human services. Despite being a lot of research studies in this field of work-family conflict, there are still some avenues that need exploration.

Background of the research

A healthy work environment is critical for controlling the WFC in an organization. Since the social factors impact the psychological characteristics, the work outcomes make up the productive work environment. It plays a crucial role in workforce behavior (Hammer et al., 2004; Häusser et al., 2010). The psychosocial workplace generates mental stress and physical ailments among the employees (Misiak et al., 2020). Job characteristics such as job demand, job control, and social support are the micro-level features that make up the psychosocial workplace (Karasek, 1998).

The psychosocial work environment and the influencing factor of WFC/FWC has an important role to play across all jobs. The most significant and promising workplace of all is the nursing workforce. They belong to the service organization that thrives on erratic work hours, intense emotional involvement along with high physical and psychological job strains. The present research study examines on the nursing workforce, which is a critical feature in any medical facility. The nursing staffs majorly manage the hospital to provide care services to the patients round the clock. It is one of the most exhausting services dedicated to sick people around the world. Currently, the nurses' role as the frontline workers has hogged the headlines in the current pandemic scene.

WHO (2016) estimates that there is a need for nine million nurses in the healthcare service globally by the year 2030. Hence, nurses play a critical role in health promotion, disease prevention, and providing primary and community care. Studies have suggested that it is the potential job conditions that the employees' work generates WFC.

Literature review

The literature review was primarily based on the fact that most of the study should incorporate important conditions of the workforce in a service organization. The psychosocial workplace generates mental stress and physical ailments among the employees (Misiak et al., 2020). Job characteristics such as job demand, job control, and social support are the micro-level features that make up the psychosocial workplace (Karasek et al., 1998). High job demand has an increased risk for workplace employees (Misiak et al., 2020), which brings along an increased workload, time inadequacy, and overpowering stress. The work environment is a sensitive feature of any organization which allows the employees to work effectively and groom for the future into quality workforce (Häusser et al., 2010; Pozo-Antunez et al., 2018). The diverse elements of the workplace play a vital role making the organization productive and dynamic. It is important to analyze further as to what makes the psychosocial work environment so necessary for the employees. The most important components across organizations are psychological and the social conditions of the employees. It is the driving force for an employee to manage their occupational health (Hammer et al., 2004). The inclusion of studies was based upon the developments over the period of time covering from year 2000 to 2020. The majority of the studies include work and family conflicts in the twenty-first century and the interrelationships with the work environment. The other important criteria for the study selection were based on the service organizations, especially hospitals and the nursing workforce. The nursing studies were chosen that includes the important aspect of their participation with the work and family conflicting conditions. Most important of all the study search included the African studies based on nursing workforce and their participation in organization and work-family context. The overall performance outcomes were duly identified as the primary outcomes of the workforce. The work and family conflict, psychosocial work environment, along with the nursing workforce and the African context served the basis of the study.

Job demands among the nurses are emotionally high and seek more physical and emotional stress causing the patient care more demanding. Long work hours and the demanding job makes the job strain tough to handle. According to the Organization for Economic Co-operation and Development (OECD, 2015) emerging economy like South Africa has 49% of the employee job strain. Hence the job demand is critical as an antecedent of WFC (Pal, 2012; Powell et al., 2009). In nursing, physical and mental health is heavily affected (Nwafor et al., 2015). Greater job demands have been associated with the WFC antecedents (Shaffer et al., 2011). In the nursing service, job stress is very critical (Nwafor et al., 2015). High job demands have been associated with high WFC is well explained among the nursing staff (Pal, 2012; Poulose et al., 2017). Greater job demand is linked with high WFC and offers an antecedent to WFC in the hospitals among the doctors (Ahmad, 2010; Maertz & Boyar, 2011). Job control in the form of decision-making ability makes a lot of difference in the way the work responsibilities are handled. Job control is quite limited in practice among the nursing workforce. Nurses are generally not given much freedom to operate on their own in handling the patients. For jobs like healthcare professionals (like doctors, and nurses), it is evident that they do not have high job control; instead, their job thrives more on handling emergencies and call bound duties (Pal, 2012). Organizational social support is in the form of supervisor support and co-workers' support is a critical feature of the work place enhancing the work performances. Most studies have found the importance of the supervisor support as a prominent condition than the co-workers' support (French et al., 2018; Kossek, et al., 2011). Supervisor support has more significant in the nurses' managing the work-family conflict than those who did not receive such support (French et al., 2018). This does not eliminate the importance of the co-workers' support and help in times of need and requirement of the employees at the work place.

The consequences of over-participation in the workplace cause several physical ailments and psychological conditions like early burnout, job dissatisfaction, low commitment at work, and high turnover intentions, (Ahmad, 2010; Hao et al., 2015; Poulose & Sudarshan, 2017). The

present study explores whether the work-related antecedents are the strong predictors of job satisfaction and burnout among Congolese nurses. It also includes exploring the role of WFC and FWC as the mediators and the effects on job satisfaction and burnout. It will help to explore the research horizons to countries like the DRC in sub-Saharan Africa. The lack of much evidence is visible from the African continent lends the need to focus this region and undertake a specific research study.

The present research is based on the Conservation of Resources (COR) theory introduced by Hobfoll (1989) which is based on the work environment and the way people perceive to counter the stressful work situations. The primary resources that an individual is endowed with includes personal characteristics, job security, job control, social support form organization and family, energies to do tasks (time, experiences) which help in counter the adverse work conditions (Halbesleben et al., 2014). As such, stress occurs under three circumstances: when resources are lost (e.g., when high work demands keep one from spending time with his or her family), when resources are threatened (e.g., when there is an announced change in the way shifts will be scheduled), or when there is a lack of resource gain following significant resource investment (e.g., when one chooses to work on a different shift, only to find that he/she preferred the previous shift). COR theory also explains the relationship with WFC very well (Kossek et al., 2011). According to the COR theory nurses as service providers have the high likelihood of burnout. Nurses suffer from heavy workload along with emotional involvement in the job that result in the loss of valuable resources (Shirom et al., 2005).

Research Gaps

The focus of the current study helped to identify critical features that are quite evident from the above discussion. The very prime condition is the prominence of the western studies that has a wide coverage in comparison to the rest of the world (Shaffer et al., 2011). A shift of

focus is needed to the other side of the globe which remains hidden with respect to the organizational performances and their effectiveness. The present study focuses on the healthcare workers of Africa to identify their functioning amid tough work conditions. A systematic literature review of the sub-Saharan Africa showed the need to focus on the nurses' psychosocial work environment and their performance outcomes (Gile et al., 2018; Shaffer et al., 2011).

The other important fact is the exploration in the field of work-family conflict as the mediational constructs in relation to the psychosocial work environment and work outcomes in the form of job satisfaction and burnout among nurses. The direct causal relationship between the psychosocial constructs (job demand, job control and social support) and its consequences (job satisfaction, turnover intentions, and burnout) have been well established. The mediational role is key to identify the third variable that influences the job outcomes in terms of job satisfaction, attitude or burnout. The intervening (mediation) variable holds a significant role in explaining the relationship between the work place stressors, the job satisfaction and burnout conditions among the healthcare workforce. Very limited number of studies are available that studied the mediating role of work and family participation among the hospital nursing workforce in sub-Saharan Africa (Mokomane, & Chilwane, 2013; Shaffer et al., 2011).

There is also an attempt to study the family-work conflict in relation to the psychosocial work environment and explore the performance outcomes. As most of the studies identify the family demands and family needs as the cause of family work conflict, the present study stresses that work demands can also likely to affect the family-work conflict (Ajala, 2017; Gilwny, 2020). Though a number of studies did not show the work conditions having any significant impact on family-work conflict (Beutell, 2010), yet it is an attempt in this study to explore the work conditions with family-work relationship among the nurses. Studies have

investigated the impact of workload and long work hours play a critical role in affecting family-work conflict (Karatape et al., 2008).

Objective of the research

Developing countries have acknowledged the importance of human service as a critical aspect of the employees who need to be retained in the job and should be revisited regarding their contribution to society. Nursing is a job with shift work and earns the value of a challenging factor in the work-family interface (Mauno et al., 2015). The nurses' psychosocial environment is very critical to their proper functioning in the workplace and maintaining good performance (Joshua, 2019). Psychosocial stress is a big reason for the nurses' poor health conditions, such as sleep disturbances in a shift-based work environment (Karhula et al., 2013).

The present study intends to go beyond the direct relationships among the variables and explore the mediational roles played by the WFC and FWC in stressful work conditions. The role of WFC and FWC as the mediator being identified across the antecedents (work/family demand, role conflict, and job involvement) along with the consequences of job/family satisfaction & life satisfaction (Carlson & Kacmar, 2000). Even though marginal but family antecedents are predictors of WFC, work antecedents are predictors of FWC (Michel et al., 2009). The present study explores whether the work-related antecedents are the strong predictors of job satisfaction and burnout. It also includes exploring the role of WFC and FWC as the mediators and the effects on the job satisfaction and burnout. It will help to explore the research horizons to countries like the DRC in sub-Saharan Africa.

The most intriguing research question based upon the literature review and the study background of WFC and the prominent constructs involved in the study of nurses in the DRC, Africa indicates the following:

- To explore the relationship between job demand, job control and social support with job satisfaction and burnout among the Congolese nurses with work-family conflict and family-work conflict as the mediator.

Based on the gaps specified above, the prime research questions have been framed as

- To explore the role of job demand, job control, and social support on job satisfaction.
- To explore the mediating role of WFC between job demand, job control, social support, and job satisfaction.
- To explore the mediating role of FWC between job demand, job control and social support, and job satisfaction.
- To explore the role of job demand, job control, and social support on burnout.
- To explore the mediating role of WFC between job demand, job control, social support, and burnout.
- To explore the mediating role of FWC between job demand, job control, social support, and burnout.

Methodology

The sample of the study was selected from the Democratic Republic of Congo (DRC), Africa. The southern region of the Katanga province was chosen for the present study which included two important towns with large public hospitals. Using the purposive sampling three major hospitals were approached for the survey method. Through the nursing administrators of the respective hospitals who acted as the medium to distribute the self-reporting-based questionnaire to the nurses. Since the DRC is a French-speaking population, the questionnaire was translated into the French language by a language expert. The same was retranslated into English by another language expert. As a result, it helped to assess the possible variation that

was found, and the correction was made to make it more sensible and relatable. Overall, more than 400 questionnaires were shared among the nurses, of which 210 (48.8%) usable data were finalised for the study.

The respondents' demography data show the nurses were young and well educated. Women participation was higher than men. A large number of the nurses are married with more than two children. The years of service of the nurses shows on an average around 8 years. It gives an impression of a workforce who is involved with their work and home front actively.

The other part of the study is based on the 7 constructs used in the study analysis. It is represented by work to family conflict and family to work conflict scale developed by Carlson & Kacmar (2000). Each of the scale has further categorization on the basis of time, stress and behaviour-based conflict. Greenhaus & Beutell (1985) stated that the WFC scale encompasses the dynamics of the work and family conditions regarding the concept of work and family conflict. The given scale has a strong potential as it is developed using multiple samples which helped to reduce the biases involved in the questionnaire (Carlson et al., 2000). The WFC and FWC based six factors are well captured and outlined in the form of the six-dimensional questionnaires by Carlson et al., (2000). The job demand, control, and support based items used were based on Karasek's (1998) JDCS model. The JCQ questionnaire included in the study is defined to cater to the nurses' utilization of job demand, job control, and job-related social support as part of their psychosocial work environment. Out of the sixteen items included for the study, five psychological job demand items, three decision autonomy related items are job control, and eight social support items. Social support items can further be divided into supervisor support (four items) and co-worker support (four items). The scale has a Likert scale ranging from 1 to 5. The job satisfaction scale was based on the nursing-based job satisfaction items (Ng, 1993). The scale is job-specific rather than a generic scale, which elevates the diagnosis to be very specific and objective to the job (Ng, 1993). It is composed of 24 items. It consists of the varied work-

related experiences of the nurses in their jobs. Lastly, the burnout scale developed by Shirom and Melamed (2005) was further sub divided into physical fatigue, cognitive weariness and emotional exhaustion. The SMBM consists of 14 items ranging from 1 to 7 points on a Likert scale. Each of the scale was tested for their internal consistency.

The hypothesis testing was conducted by using the Analysis of Moment Structures (AMOS) 25.0 was used. The exploratory factor analysis (EFA) was used in this present context to test the 7 factors and their items that load on each of these factors. The items forming a single factor should show strong correlation with each other than the items from other factors. The loadings on the items are representing the amount of variance in the items caused by the factor. The factor loading helps in identifying the interrelationship in quantitative terms (Watkins et al., 2018). Items that have loadings on more than one factor are known as cross-loading items and they are dropped from further analysis. Confirmatory factor analysis (CFA) was used to identify the final factor loadings and Path Analysis (structural model) together to understand the relationships between the variables. The primary data was used as the input generated in the survey for the structural equation modelling (SEM) to calculate. The output resulted in the form of iterations, goodness of fit indices, and standardized paths. Finally, the SEM was used for hypothesis testing that involves the mediation analysis of work-family conflict and family-work conflict in relation to job demand, control and social support and the outcomes in the form of job satisfaction and burnout.

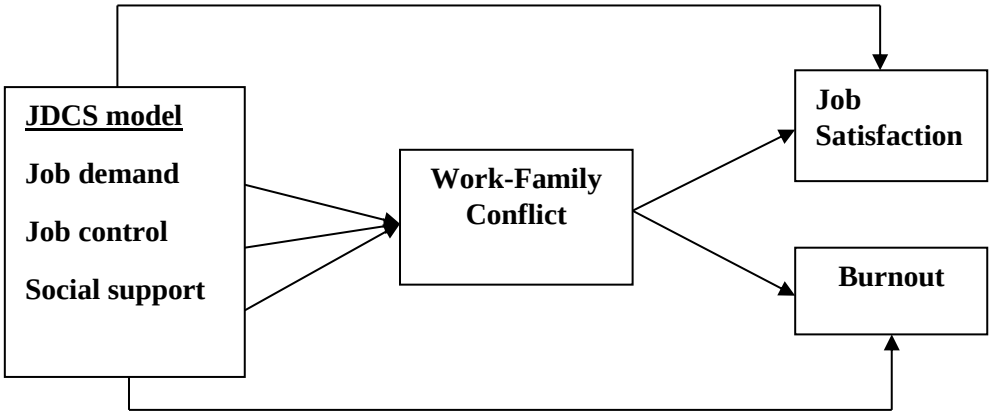

Fig.1 The proposed model of study

Contribution

It adds to the existing literature in a new way to view the nursing workforce in an African continent where the people and their living conditions are different and challenging in many ways. The workforce in this country is reeling under intense pressure, rising due to staff shortage, migration of health workers, health hazards, poor governance, and many more. It is essential to address such a critical place of work to highlight their plea to the world at large. The current study has tried to analyse the intricate relationship between the psychosocial work environment with WFC and FWC to the performance outcomes. It is essential to understand that the critical work environment plays a vital role in influencing conflicting work to family and family to work set up. Demanding jobs aggravate the work-family conflict situation and cause high burnout and reduce job satisfaction so does the family-work conflict. Job control failed to yield any conclusion in the mediation model. Lastly, the mediation role played by work -family conflict and family-work conflict fail to establish the impact on job satisfaction. The mediating role of work-family conflict and family-work conflict were significant in the context of work-based social support and burnout among nurses.

Limitation

The cross-sectional design of the study affects in establishing the causal relationships. Self-reported surveys are likely to inflate the causality and the possible outcomes. Therefore, there is a need of longitudinal study can help in the future research to enhance the objectivity of the study. The study is specific to the location and the nurses of the specific region. Hence, the same data and the findings cannot be generalised to other populations. It is only specific to the sample used under study. Further, the present study captured all scales with a single survey, which could cause common method bias and inflate the predictive relationships too. Moreover, the study focus was only to the public (government) hospital nurses. So, it cannot be generalized to private hospitals or other occupational groups (Negussie et al., 2016). Further studies with diverse occupational groups in Africa can help understand the psychosocial work environment effectively. Finally, this study only focused on the hospital nurses' work environment and its relationships to job satisfaction and burnout. Other critical work variables such as pay and promotion are very prominent requirements among the workers as a motivator to achieve job satisfaction, and eliminating burnout can be examined in future.

Future Scope

The qualitative approach based on in-depth interviews of the nurses is an interesting way of knowing their work environment. Such an interview would have landed with more valuable information, and observations of the work conditions which was lacking in the quantitative assessment (Minnotte et al., 2013). Moreover, interview-based information could have been used to corroborate the findings in the quantitative assessment. The future researcher may also analyze this model using diverse workgroups to test the mediators' strength in the relationship between work stress and resources can be assessed across WFC and FWC to the

organizational performance outcomes. Lastly, the job stressors are not limited to work-life; the personal life needs to be explored to better understand the quality of life beyond work.

Making the most of the job control and social support as the essential resources in the organization could ensure the nurses a better place of service and a more humane approach to their services. It helps to acknowledge the fundamental purpose of doing a stressful job made more comfortable. Every country and culture have their distinct needs and requirements which should be identified and make way into their organizational policy. The DRC, Africa needs a massive change in the way the service organizations work. International agencies are working towards retaining nurses in their workplace and control the migration of nurses to foreign lands. Hence, in the current circumstances, healthcare system in the DRC, Africa can help in active participation and effective work support among the nurses to bring in a sustainable workplace. It will help them build a congenial environment to serve.

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